

U.S. DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT  
**REQUEST FOR OVERTIME**

1. REQUESTING UNIT		2. REQUESTING OFFICER				DATE		3. LOCATION OF UNIT	
NAME OF EMPLOYEE	GRADE	FLSA STATUS ( "X" if applicable )		PAYING STATUS ( Employee's Initial )		NO. OF HOURS	PAY PERIOD	PROPOSED SCHEDULE FOR OVERTIME WORK AND LOCATION	
		Exempt	Non Exempt	Overtime Rate	Comp Time Off				
(4)	(5)	(6)		(7)		(8)	(9)	(10)	

11. JUSTIFICATION: (Give complete explanation of need for overtime work)

12. TRAVEL STATUS:		13. PERSONNEL USE ONLY	
<input type="checkbox"/> ONE DAY ASSIGNMENT <input type="checkbox"/> MULTIPLE DAY ASSIGNMENT (OVERNIGHT STAY) <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		<input type="checkbox"/> FLSA ONLY <input type="checkbox"/> TITLES 5 <input type="checkbox"/> BOTH FLSA & TITLE 5	
14. APPROVING OFFICIAL: (Signature & Title)		DATE OF APPROVAL	
		<div><input type="checkbox"/> REQUEST IS AUTHORIZED IN FULL <input type="checkbox"/> REQUEST DISAPPROVED <input type="checkbox"/> REQUEST IS GRANTED SUBJECT TO MODIFICATION AS FOLLOWS:</div>	